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| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/896,438 |
| | Filing Date | June 28, 2001 |
| | First Named Inventor | Michael BENNETT |
| | Art Unit | 3693 |
| | Examiner Name | J. Borlinghaus |
| | Attorney Docket Number | 324212007700 |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 76102

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

| | | | | |
|--|---|-------------|------------------|-----------------------|
| B. | <input checked="" type="checkbox"/> Inventor or Assignee Name | Yahoo! Inc. | | |
| Address 701 First Avenue | | | | |
| City | Sunnyvale | State | CA | Zip 94089 |
| Country | U.S.A | | | |
| Telephone | 408-349-3300 | | Email | readerc@yahoo-inc.com |
| I am authorized to sign on behalf of myself and all withdrawing practitioners. | | | | |
| Signature | /Robert A. Saltzberg/ | | | |
| Name | Robert A. Saltzberg | | Registration No. | 36,910 |
| Address Morrison & Foerster LLP 425 Market Street | | | | |
| City | San Francisco | State | CA | Zip 94105-2482 |
| Country | US | | | |
| Date | March 12, 2010 | | Telephone No. | (415) 268-6428 |
| NOTE: Withdrawal is effective when approved rather than when received. | | | | |